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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

| | | | |
|--|--|------------------------|------------------------|
| | | Application Number | 09/875,245 |
| | | Filing Date | 6/5/2001 |
| | | First Named Inventor | Ashvinkumar J. Sanghvi |
| | | Group Art Unit | 2126 |
| | | Examiner Name | HARESH N PATEL |
| Total Number of Pages in This Submission | | Attorney Docket Number | MS1-700US |

ENCLOSURES (check all that apply)

| | | |
|--|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to Group |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> Amendment / Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to Group (<i>Appeal Notice, Brief, Reply Brief</i>) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Change of Correspondence Address | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Terminal Disclaimer | <i>Form PTO-1449; 1 cited reference; return receipt postcard</i> |
| <input checked="" type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Request for Refund | |
| <input type="checkbox"/> Certified Copy of Priority Documents | <input type="checkbox"/> CD, Number of CD(s) | |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application | | |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | |
| Remarks | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | |
|-------------------------|-------------------------------------|
| Firm or Individual Name | Steven R. Sponseller/Reg. No. 39384 |
| Signature | |
| Date | March 9, 2005 |

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

| | | |
|-----------------------|--------------|---------------|
| Typed or printed name | Cheryl Boies | |
| Signature | | Date 3-9-2005 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/08/2004.

Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2005

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 180.00)

Complete if Known

| | |
|----------------------|------------------------|
| Application Number | 09/875,245 |
| Filing Date | 6/5/2001 |
| First Named Inventor | Ashvinkumar J. Sanghvi |
| Examiner Name | HARESH N PATEL |
| Art Unit | 2126 |
| Attorney Docket No. | MS1 -700US |

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 12-0769 Deposit Account Name: Lee & Hayes, PLLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|--------------|-------------|--------------|------------------|--------------|----------------|
| | Fee (\$) | Small Entity | Fee (\$) | Small Entity | Fee (\$) | Small Entity | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

| | |
|----------|--------------|
| Fee (\$) | Small Entity |
| 50 | 25 |

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

| | |
|-----|-----|
| 200 | 100 |
|-----|-----|

Multiple dependent claims

| | |
|-----|-----|
| 360 | 180 |
|-----|-----|

Total Claims

| | | |
|--------------|----------|---------------|
| Extra Claims | Fee (\$) | Fee Paid (\$) |
|--------------|----------|---------------|

Multiple Dependent Claims

| | |
|----------|---------------|
| Fee (\$) | Fee Paid (\$) |
|----------|---------------|

| | | |
|--------------|--------|--|
| - 20 or HP = | x 50 = | |
|--------------|--------|--|

HP = highest number of total claims paid for, if greater than 20

| | | | |
|---------------|--------------|----------|---------------|
| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
|---------------|--------------|----------|---------------|

| | | |
|-------------|---------|--|
| - 3 or HP = | x 200 = | |
|-------------|---------|--|

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| | | | | |
|--------------|--------------|--|----------|---------------|
| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|----------|---------------|

| | | | | |
|---------|--------|--------------------------------|---|--|
| - 100 = | / 50 = | (round up to a whole number) x | = | |
|---------|--------|--------------------------------|---|--|

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|----------------|
| Fees Paid (\$) |
|----------------|

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Information Disclosure Statement

| |
|--------|
| 180.00 |
|--------|

SUBMITTED BY

| | | | |
|-------------------|----------------------|--|--------------------------|
| Signature | | Registration No. (Attorney/Agent) 39384 | Telephone (509) 324-9256 |
| Name (Print/Type) | Steven R. Sponseller | | Date 3-09-05 |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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AP/2126
JSPW

1 IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

2 Serial No. 09/875,245
3 Filing Date 6/5/2001
Confirmation No. 7289
4 Inventorship Ashvinkumar J. Sanghvi
Applicant Microsoft Corporation
5 Group Art Unit 2126
Examiner HARESH N PATEL
6 Attorney's Docket No. MS1-700US
Title: Method and Apparatus for Event Distribution and Event Handling in an
Enterprise

7
8 **INFORMATION DISCLOSURE STATEMENT AND**
CERTIFICATION UNDER 37 CFR 1.97(e)

9 The citations listed, copies attached, may be material to the examination of
10 the subject application and are therefore submitted in compliance with the duty of
11 disclosure defined in 37 CFR §1.56. The Examiner is requested to make these
12 citations of official record in this application.

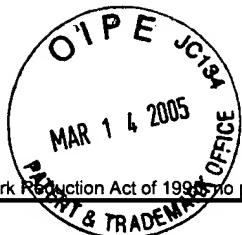
13 I hereby certify that to my knowledge, after reasonable inquiry, no item of
14 information contained in the accompanying PTO-1449 was cited in a
15 communication from a foreign patent office in a counterpart foreign application or
16 was known to any individual designated in §1.56 (c) more than 3 months prior to
17 the filing of this statement.

18
19 Respectfully submitted,

20 Date: 3-09-05

21 By: Steven R. Sponseller
22 Steven R. Sponseller
Reg. No. 39384

23
24
03/16/2005 EHATILE1 00000012 120769 09875245
25 01 FC:1806 180.00 DA



PTO/SB/08A (08-03)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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| | | | | | |
|--|---|----|---|--|--|
|  Substitute for form 1449A/PTO | | | | Complete if Known | |
| INFORMATION DISCLOSURE STATEMENT BY APPLICANT | | | | Application Number 09/875,245 Filing Date 6/5/2001 First Named Inventor Ashvinkumar J. Sanghvi Art Unit 2126 Examiner Name HARESH N PATEL | |
| <i>(use as many sheets as necessary)</i> | | | | | |
| Sheet | 1 | of | 1 | Attorney Docket Number MS1-700US | |

U.S. PATENT DOCUMENTS

FOREIGN PATENT DOCUMENTS

| Examiner Initials' | Cite No. ¹ | Foreign Patent Document | Publication Date MM-DD-YYYY | Name of Patentee or Applicant of Cited Document | Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear | T ² |
|--------------------|-----------------------|---|--------------------------------|--|---|----------------|
| | | Country Code ³ –Number ⁴ –Kind Code ⁵ (if known) | | | | |
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|-----------------------|--|--------------------|--|
| Examiner Signature | | Date Considered | |
|-----------------------|--|--------------------|--|

***EXAMINER:** Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. 1 Applicant's unique citation designation number (optional). 2 See Kinds Codes of USPTO Patent Documents at www.uspto.gov or MPEP 901.04. 3 Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). 4 For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. 5 Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST.16 if possible. 6 Applicant is to place a check mark here if English language Translation is attached.

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